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CONFIRMATION NO. 2502

SERIAL NUMBER 10/035,009	FILING DATE 12/28/2001 RULE	CLASS 600	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 279.381US1
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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 09/850,537 05/07/2001
 which is a DIV of 09/411,345 10/01/1999 PAT 6,272,377
 This application 10/035,009
 is a CIP of 09/802,316 03/08/2001 PAT 6,678,547

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/26/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 3	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials		

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TITLE

CARDIAC RHYTHM MANAGEMENT DEVICE WITH TRIGGERED DIAGNOSTIC MODE

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees (Filing)

FILING FEE RECEIVED 870	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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